



New Enrollment Change

Applicant: Please print or type. Complete all areas, sign and date.

Applicant			Group No. _____	
			Effective Date _____	
Home Address			Date of Birth / /	
			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
City	State	ZIP Code	Home Telephone No. ()	Business Telephone No. ()
Your Employer		Date of Hire (full-time)		Social Security Number - -
Employer Address (street, city, state, ZIP)				

Spouse Information - complete only if spouse is to be covered.

Name of Spouse (First MI Last - only if different)	Is your spouse covered under any other dental plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Marital status <input type="checkbox"/> Married <input type="checkbox"/> Separated	Date of Birth / /	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
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Dependent Child(ren) - list only those children to be covered.

Name (First MI Last-only if different)	Date of Birth	Relationship	Check if over age limit	Name of accredited school
	/ /		<input type="checkbox"/> Full-time student <input type="checkbox"/> Handicapped child	
	/ /		<input type="checkbox"/> Full-time student <input type="checkbox"/> Handicapped child	
	/ /		<input type="checkbox"/> Full-time student <input type="checkbox"/> Handicapped child	
	/ /		<input type="checkbox"/> Full-time student <input type="checkbox"/> Handicapped child	

Enrollment/Change

<input type="checkbox"/> Select Plan <input type="checkbox"/> Gold <input type="checkbox"/> Silver <input type="checkbox"/> Bronze	<input type="checkbox"/> Initial Enrollment <input type="checkbox"/> Employee <input type="checkbox"/> Employee + Spouse <input type="checkbox"/> Employee + Child(ren) <input type="checkbox"/> Family	<input type="checkbox"/> Policy Change (check reason for change) <input type="checkbox"/> Married <input type="checkbox"/> Address Change <input type="checkbox"/> Widowed <input type="checkbox"/> Terminated <input type="checkbox"/> Divorced Date _____ <input type="checkbox"/> Birth/Adoption <input type="checkbox"/> Other _____ Date _____
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Note: Ask your employer for the details about the benefits available to you, and your cost, if any.

I authorize my employer to deduct from my pay any contribution required of me toward the cost of elected dental coverage.

The undersigned on behalf of himself/herself and his/her dependent children, if any, in this application agree to cooperate in providing Fort Dearborn Life Insurance Company or its appointed representative with information needed to process this application or process eligible benefits.

I further understand that I must be actively at work before coverage will become effective. If I am not actively at work on the effective date of my coverage, my insurance will not begin until the day I return to work.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties. (Not enforceable in OR, VA or VT.)

Employee Signature _____ Date _____



The laws of some states require us to furnish you with the following notice:

Arkansas & Massachusetts

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia

It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kansas

Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals information concerning any fact material thereto, commits a fraudulent insurance act which may subject such person to criminal and civil penalties.

New Jersey

Any person who knowingly files false or misleading information on an application for insurance coverage is subject to criminal and civil penalties.

New Mexico

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Oklahoma

Any person who knowingly, with intent to injure, defraud or deceive any insurer, makes a claim for the proceeds of an insurance policy containing false, incomplete or misleading information is guilty of a felony.

Texas

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Washington

Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.

All other states

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties. (Not enforceable in Oregon or Virginia.)